



Delta City Employee First Report of Injury

OSHA Log Case #: _____

Insurance Claim Reference #: _____

THIS FORM MUST BE COMPLETED & SUBMITTED TO THE WC COORDINATOR WITHIN 24 HOURS OF THE EVENT

- EMPLOYEE** (1) Answer **ALL** questions completely, and submit the form to your supervisor.
(2) All LIFE THREATENING INJURIES—CALL 911
(3) All injuries that require medical attention must go to:

- **A Delta Area Medical Clinic or the or the Delta Hospital Emergency Room**

ALL INJURIES MUST BE REPORTED TO YOUR SUPERVISOR AND HUMAN RESOURCES PRIOR TO SEEKING TREATMENT

SUPERVISORS must review this form, ensure that it is complete and then complete an incident investigation, using the Supervisor Incident Investigation form.

EMPLOYEE INFORMATION:

Name: _____ Job Title: _____ Area / Department: _____
Home Address: _____ City: _____ State: _____ Zip: _____ Phone #: (____) ____ - _____
Date of Birth: ____ / ____ / ____ Social Security #: _____ - _____ - _____ Male ☐ Female ☐ Married ☐ Single ☐
of Dependant Children: (Under 18): _____ Full Time ☐ Part Time ☐ Hire date: ____ / ____ / ____
Normal shift hours: _____ am/pm to _____ am/pm Days of the week normally worked: _____

INCIDENT INFORMATION:

Event Location: _____ Time shift began on date of incident: _____ am/pm
Incident Date: ____ / ____ / ____ Time Incident Occurred: _____ am/pm ☐ Check if time can not be determined.
Date Reported: ____ / ____ / ____ Time Reported: _____ am/pm Person Incident was reported to: _____
Witnesses: ☐ Yes ☐ No If yes who? _____
Body parts affected by injury or illness (Be Specific): _____
Have there been any previous injuries or any pre-existing conditions associated with body parts injured by this event: ☐ Yes ☐ No
Treatment Type: ☐ None / Near miss ☐ First Aid only ☐ Clinic Visit ☐ Emergency room ☐ Hospitalized overnight
Was Employee transported for care? ☐ Yes ☐ No If yes, by whom? _____

INCIDENT DESCRIPTION: (Employee's Statement)

What were you doing just before the incident occurred? (Describe actions, tools, materials, and equipment being used.)

What happened to cause the injury/event: (Describe how the event occurred and what caused the event.)

Attach any additional information about the incident (photos, diagrams, etc.)

EMPLOYEE'S SIGNATURE:

*** By signing below I am acknowledging that all of the facts and information on this report are to my knowledge truthful and accurate.

Employee Signature: _____ Date Signed: ____ / ____ / ____

Supervisor Signature: _____ Date Signed: ____ / ____ / ____